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SECRETARY OF STATE
TANDAMENTAL STATE
TA

W-31207

BM 11/25

November 19, 2002

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Enclosed please find our resubmission of the Articles of Incorporation and Certificate of Designation of Registered Agent for:

KLN, INC.

The original filing for **Office Solutions**, **Inc.** was rejected due to name unavailability. Please process the enclosed documents with the originally requested effective date. A copy of your rejection letter and the originally filed documents are included for reference.

Please forward the Articles of Incorporation and Certificate of Status to:

Michael W. Allen 1220 Douglas Avenue, Suite 101 Longwood, FL 32779-5000

(407) 539-2212

Thank you for your attention to this matter.



PLEASE ACCEPT REQUESTED DATE. FLORIDA DEPARTMENT OF STATE

Jim Smith Secretary of State

October 30, 2002

MICHAEL W ALLEN 1220 DOUGLAS AVENUE SUITE 101 LONGWOOD, FL 32779-5000

SUBJECT: OFFICE SOLUTIONS, INC.

and is being returned for the following correction(s):

Ref. Number: W02000031207

We have received your document for OFFICE SOLUTIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight Document Specialist New Filing Section

Letter Number: 402A00059614



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

November 14, 2002

MICHAEL W ALLEN 1220 DOUGLAS AVENUE SUITE 101 LONGWOOD, FL 32779-5000

SUBJECT: O.S., INC.

Ref. Number: W02000031207

We have received your document for O.S., INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight Document Specialist New Filing Section

Letter Number: 402A00059614

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE I - NAME

The name of the corporation shall be:

KLN, INC.

EFFECTIVE DATE

ARTICLE II – PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

KLN, INC. 142 SEMORAN BLVD., STE. 247 CASSELBERRY, FL 32707-4203

02 OCT 28 PM 2: 19 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE III - PURPOSE

This Corporation is organized for the following purposes: To do everything necessary, proper, or convenient to accomplish any of the purposes set forth in these Articles, and to do every other act incidental to the corporate purposes which is not forbidden by Florida laws or by the provisions of these Articles.

ARTICLE IV – CAPITAL STOCK

The total number of shares of capital stock that this corporation is authorized to have outstanding at any one time is 1000 shares of Common Stock at \$1.00 par value per share.

ARTICLE V - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CAROL R. LEE 142 SEMORAN BLVD., STE. 247 CASSELBERRY, FL 32707-4203

ARTICLE VI - INITIAL OFFICERS/DIRECTORS

The names and addresses of the initial officers of this Corporation are:

CAROL R. LEE 142 SEMORAN BLVD., STE. 247 CASSELBERRY, FL 32707-4203 (PRESIDENT, SECRETARY) ANDREW J. LEE 142 SEMORAN BLVD., STE. 247 CASSELBERRY, FL 32707-4203 (VICE PRESIDENT, TREASURER)

ARTICLE VII – INCORPORATOR(S)

The name and mailing address of the incorporator to these Articles of Incorporation is:

CAROL R. LEE 142 SEMORAN BLVD., STE. 247 CASSELBERRY, FL 32707-4203

ARTICLE VIII - EFFECTIVE DATE OF INCORPORATION

The effective date of incorporation shall be October 23, 2002.

The undersigned incorporator has executed these Articles of Incorporation this 23rd day of October, 2002.

Carol R. Lee - President

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the State of Florida.

1. The name of the corporation is:

KLN, INC.

2. The name and street address of the registered agent and office is:

CAROL R. LEE 142 SEMORAN BLVD., STE. 247 CASSELBERRY, FL 32707-4203

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE (

October 23, 2002

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SECRETARY OF STATE
TALLAHASSEE ESTATE